

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township Jackson City Mo.Primary Registration District No. 1002City Kansas City Mo. (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Overbrook, Kan.

(Usual place of abode)

Ward Overbrook Kansas

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

8

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMrs. Elizabeth Haffner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

about 75 Yrs

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No Data

13. NAME

No Data14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No Data

15. MAIDEN NAME

No Data16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)No Data17. INFORMANT
(ADDRESS)H. W. Stewart
Overbrook, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Overbrook, Mo. DATE 10/7 193319. UNDERTAKER
(ADDRESS)Ray H. Baker
Overbrook, Mo.

20. FILED

Oct 7 1933 m m c r o n e

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

10/7 1933

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy

Date of onset

Other contributory causes of importance:

137
12213
137
paralytic flaccid

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____.

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) David M. Brown, M. D.(Address) 1019 Professional Bldg.

